

LOUDOUN COUNTY HEALTH DEPARTMENT

Office use: Date:-----FEE PAID ☐ YES ☐ NO APPLICATION # -----(ATTACH RECEIPT)

☐ **AOSE** (see information on back)

☐ **OTHER** (see information on back)

APPLICATION FOR: ☐ SEWAGE DISPOSAL
☐ SEPTIC REPAIR

☐ WELL PERMIT ☐ CERTIFICATION LETTER
☐ WELL/SEPTIC ABANDONMENT ☐ BOCA / ADDITION

APPLICANT _____

HOME TELEPHONE _____

MAILING ADDRESS _____

OFFICE TELEPHONE _____

OWNER _____

TELEPHONE _____

MAILING ADDRESS _____

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) _____

PROPERTY IDENTIFICATION NUMBER: SEC. _____ ALPHA _____ DC _____ BLOCK _____ LOT _____

(IF APPLICABLE) NAME OF **SUBDIVISION**: _____ PIN # _____

ACRES AND/OR SQ. FT. IN THIS PARCEL: _____ ATTACH **SITE PLAN** (SKETCH) ON FORM PROVIDED.

TYPE OF SEWAGE DISPOSAL: _____

☐ PROPOSED

☐ PUBLIC SEWER (SYSTEM: _____)

☐ EXISTING

☐ SEPTIC TANK DRAINFIELD SYSTEM

☐ REPAIR

☐ OTHER (DESCRIBE: _____)

☐ INTERMITTENT

TYPE OF WATER SUPPLY: _____

☐ PROPOSED

☐ PUBLIC-CENTRAL (SYSTEM NAME: _____)

☐ EXISTING

☐ PRIVATE DRILLED WELL

☐ OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION: _____

☐ PROPOSED

☐ SINGLE FAMILY DWELLING

☐ EXISTING

☐ COMMERCIAL

☐ REMODELING

☐ OTHER

← (DESCRIBE)

(DESCRIBE) →

ATTACH A COMPLETE DESCRIPTION
OF ALL ACTIVITIES – INCLUDE NO. OF
EMPLOYEES, ETC., AND ALL OTHER
PERTINENT INFORMATION.

If application is for an addition or a BOCA :

Increase waste load ☐ YES ☐ NO

Extending water ☐ YES ☐ NO

Extending sewer ☐ YES ☐ NO

Related Building Permit # _____

CONSTRUCTION INFORMATION:

Number of marketable bedrooms _____

Will foundation be chemically treated for termites ☐ YES ☐ NO

Will plumbing fixtures be installed in the basement ☐ YES ☐ NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPARTMENT? ☐ NO ☐ YES

IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) _____

THE PROPERTY LINES AND BUILDING LOCATION ARE CLEARLY MARKED AND THE PROPERTY IS SUFFICIENTLY VISIBLE TO SEE THE TOPOGRAPHY. I GIVE PERMISSION TO THE DEPARTMENT TO ENTER THE PROPERTY DESCRIBED FOR THE PURPOSE OF PROCESSING THIS APPLICATION.



IF THE APPLICANT IS OTHER THAN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED.

APPLICANT SIGNATURE _____

DATE _____

LEGAL OWNER _____

(REQUIRED)

DATE _____

**ATTACH SITE PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
1 HARRISON STREET, S.E., LEESBURG, VA 20177**

(FOR OFFICIAL USE ONLY)

RECEIVED AND ACCEPTED _____ DATE _____

SITE VISIT _____

SOIL EVALUATION _____

APPROVED/DENIED _____

INITIAL _____

SYSTEM TYPE _____

PLANS RECEIVED _____ FHA/VA NO. _____

ENGINEER'S NAME _____

TELEPHONE NO. _____

OTHER APPROVAL REQUIRED _____

AOSE

AOSE submittals will be reviewed and processed in accordance with GMP 100&103. Following the review and initial approval of the package, a site visit will be scheduled. (If the Submittal does not meet these guidelines the application will be denied.)

Time lines are as follows: permit for Septic Permit-15 working days, Certification Letter-20 working days, permit for a Well-60 working days, Subdivision-60working days. However, if the package that is submitted is incomplete or incorrect there may be delays. In most cases the application is processed faster, if submitted under the “OTHER” option.

OTHER

Submittals will be processed in accordance with 1066, and 1040 of the Loudoun County Codified Ordinance, and all county policies. (Detailed soils report, site proposal, and detailed site sketch/survey ect.)

- **FSM standards must be followed if the proposal is related to a subdivision application.**

DEFINITIONS

AOSE-----Authorized Onsite Soil Evaluator

FSM-----Loudoun County Subdivision and Land Development Ordinance Facility Standards Manual

1066-----Loudoun County onsite sewage ordinance

1040-----Loudoun County water supply ordinance

GMP-----State Policy

BOCA-----The building code

All Items Below Are Required To be Shown On the Site Plan

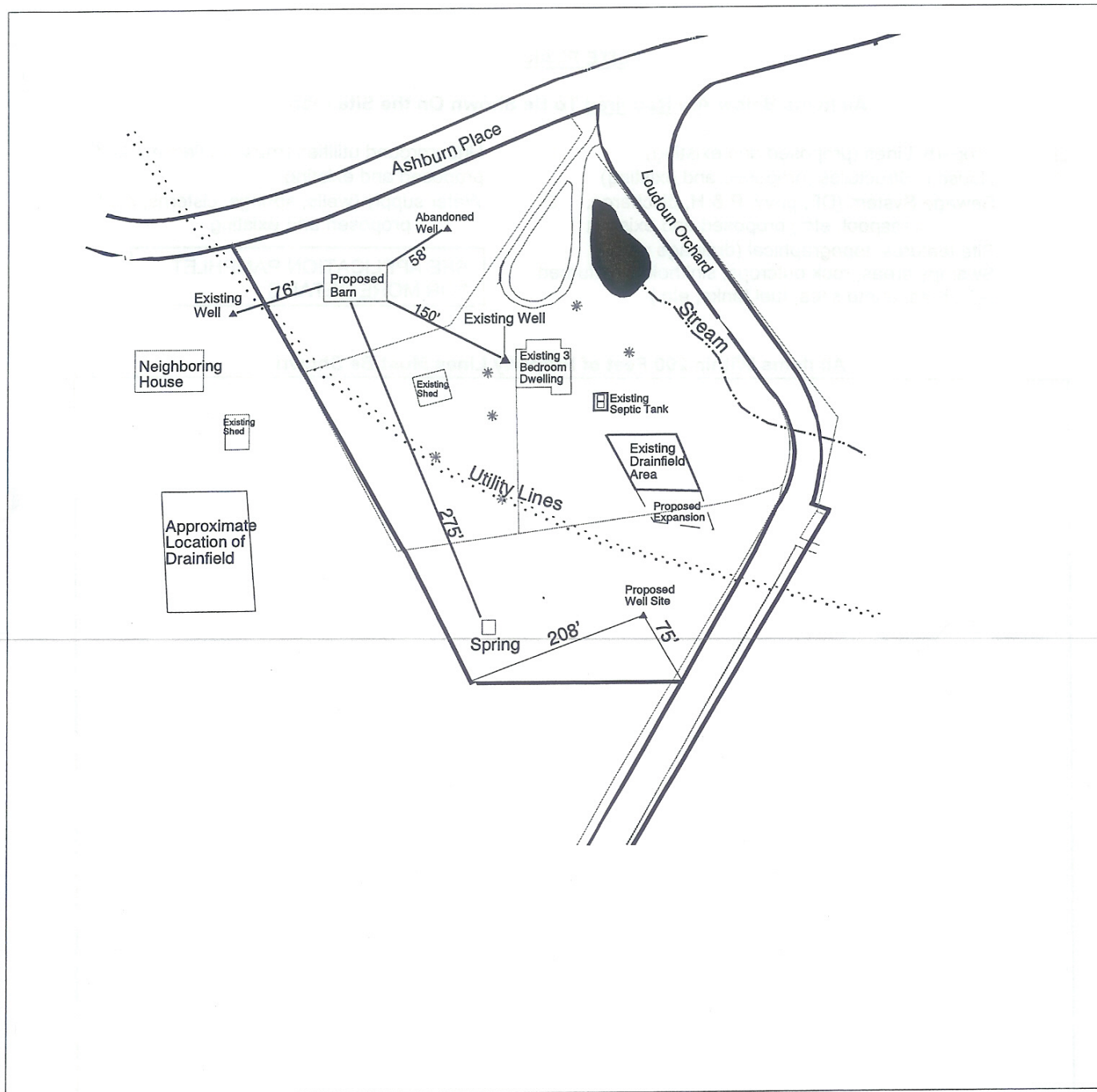
- | | |
|--|--|
| <input type="checkbox"/> Property Lines (proposed and existing) | <input type="checkbox"/> Underground utilities (must be field marked) proposed and existing |
| <input type="checkbox"/> House & Structures (proposed and existing) | <input type="checkbox"/> Water supply (wells, springs, cisterns, etc.) proposed and existing |
| <input type="checkbox"/> Sewage System (DF, privy, P & H, discharge, cesspool, etc.) proposed and existing | |
| <input type="checkbox"/> Site features, topographical (drainage ways, Swampy areas, rock outcrops, sinkholes, disturbed soil areas, dump sites, fuel tanks, etc. | |

SEE APPLICATION PAMPHLET
FOR MORE DETAILS

All Items Within 200 Feet of Property Lines Must Be Shown

I have accurately and clearly shown all required items on this Site Plan.

Owner/Agent _____ Date _____



Sample Site Sketch

Loudoun County Health Department

- ▲ Wells
- * Trees
- ▤ Fences
- ▭ Buildings
- ▭ Parcel Boundaries
- ▤ Driveway

